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|--|---|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 31921-169499 |
| In re Application of David S. MILLER | | |
| Application Number 09/803,667 | | Filed March 12, 2001 |
| For FULLY-AUTOMATED SYSTEM FOR TAX REPORTING, PAYMENT AND REFUND AND SYSTEM FOR ACCESSING TAX INFORMATION | | |
| Group Art Unit 3623 | Examiner Susanna M. Meinecke DIAZ | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) \$ _____

☐ Two months (37 CFR 1.17(a)(2)) \$ _____

☒ Three months (37 CFR 1.17(a)(3)) \$ **1,020.00**

☐ Four months (37 CFR 1.17(a)(4)) \$ _____

☐ Five months (37 CFR 1.17(a)(5)) \$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: **\$ 510.00**.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **22-0261**.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

May 31, 2005
Date

Signature

Daniel G. Vivarelli, Jr., 51,137
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

16/02/2005 SZEWD E1 00000039 09803667

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510.00 DA

VENABLE
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DC2DOCS1/653157v1

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|-------------------------------------|---|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/17/05</u> | | 2 Serial/Patent # <u>09/803,667</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | | 6/1/05 | \$ 510 | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | | \$ 510 | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| | Overpayment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | |
| | Duplicate Payment | | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>2</td><td>2</td><td>--</td><td>0</td><td>2</td><td>6</td><td>1</td></tr></table> | | 2 | 2 | -- | 0 | 2 | 6 | 1 |
| 2 | 2 | -- | 0 | 2 | 6 | 1 | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| <i>unnecessary</i> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>WILLIAM LAYMAN</u> | | TITLE: <u>Pet. Exam</u> | | | | | | | | | |
| SIGNATURE: <u>Will Layman</u> | | PHONE: _____ | | | | | | | | | |
| OFFICE: _____ | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>Alvin Kell</u> | | DATE: <u>6/20/05</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: